FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response. 16.00



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File - U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

	Α	П	E	NT	10	N	
--	---	---	---	----	----	---	--

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer. if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. □ Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Gunasekaran, Subramanian Business or Residence Address (Number and Street, City, State, Zip Code) 5686 Geranium Ct., Newark, CA 94560 Beneficial Owner Director Check Box(es) that Apply: Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Gunasekaran, Kalaiselvi Business or Residence Address (Number and Street, City, State, Zip Code) 5686 Geranium Ct., Newark, CA 94560 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Schneider, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 5686 Geranium Ct., Newark, CA 94560 Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Sompalli, Chandra Sekhar Business or Residence Address (Number and Street, City, State, Zip Code) 320 Heritage Ave., Onlesby, IL 61348 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) H. Michael Schneider & Lisa L. Schneider, as TTEES under the Written Trust Agreement dtd 12/28/81 Business or Residence Address (Number and Street, City, State, Zip Code) 5686 Geranium Ct., Newark, CA 94560 Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B. IN	FORMAT	ION ABOI	U T OFFER	ING	,			
									Yes	No		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors this offering?											\boxtimes	
<u></u>												
2. What is the minimum investment that will be accepted from any individual?										\$ No minimum Yes No		
2. Does the offering narmit joint augmentin of a single unit?											⊠	NO
3. Does the offering permit joint ownership of a single unit?										Ч		
If a perso or states,	ion or simile on to be listed list the nare or dealer, ye	ar remunerated is an asso ne of the brought our may set to	ttion for so ociated perso oker or dea forth the inf	olicitation of on or agent der. If more	of purchaser of a broker e than five	s in connector dealer re(5) persons	tion with sa egistered w to be listed	les of secur ith the SEC	ities in the of and/or wit	offering. h a state		
Business or R	Residence Ad	dress (Numbe	er and Street,	City, State, 2	Zip Code)				,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name of As	sociated Br	oker or Dea	ller									
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
(Che	eck "All Sta	tes" or chec	k individua	States)					• • • • • • • • • • • • • • • • • • • •		🗆 A	All States
AL	AK	AZ	AR	CA	co	CT	DE	DC	FL	GA	н	ID
	[N]			느		CT VE						
IL		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
МТ	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full Name (L	ast name firs	st, if individus	al)									
Business or F	Residence Ad	dress (Numb	er and Street,	City, State, 2	Zip Code)	-						
Name of As	ssociated Br	oker or Dea	ıler					<u></u>				
States in W	hich Person	Listed Has	Solicited or	r Intends to	Solicit Purc	hasers						<u> </u>
(Che	eck "All Sta	tes" or chec	k individua	States)							🗆 A	All States
[at]	[ATZ]	[م]	(G)	[2]	[60]	[CT]	55	[DC]	[ET]	6.1		ED]
AL	AK	AZ	AR	CA	col	СТ	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full Name (L	ast name firs	st, if individua	al)									
Business or I	Residence Ad	dress (Numb	er and Street,	City, State,	Zip Code)	- <u></u>	····-					
Name of As	ssociated Br	oker or Dea	ıler									
States in W					Solicit Purc	hasers		.,,				
,,,,,,		tes" or chec	_									All States
AL	AK	AZ	AR	CA	co	СТ	DE		FL	GA	HI	[D]
1L	IN	lA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check 		
this box and indicate in the columns below the amounts of the securities offered for exchange and		
already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity		\$ 500,670.00
Common Preferred		200,01010
Convertible Securities (including warrants)	\$	\$
Partnership Interests	•	\$
-	\$	\$
Total	*************	\$ 500,670.00
Answer also in Appendix, Column 3, if filing under ULOE.	300,070.00	\$ 300,070.00
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or " zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	6	\$500,670.00
Non-accredited Investors	0	\$ 0.00
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Dollar Amount
	Security	Sold
Type of offering		
Rule 505	Preferred Stock	\$ 500,670.00
Regulation A		\$
Rule 504		\$
Total		\$ 500,670.00
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees	🛛	\$ 10,000.00
Accounting Fees		\$
Engineering Fees	 1	\$
Sales Commissions (specify finders' fees separately)		•
		¢
Other Expenses (identify)		¢ 10,000,00
Total	🔼	\$ 10,000.00

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENS	SES AND	USE OF	PROCEE	DS		
and to	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."							
used for	te below the amount of the adjusted gross proper each of the purposes shown. If the amount for the box to the left of the estimate. The total codes to the issuer set forth in response to Part C -	or any purpose is not known, furnish of the payments listed must equal the	h an estima	ate and				
					yments to			
		·		Di	Officers, rectors, & Affiliates			nents To thers
S	alaries and fees		🔲	\$			\$	
P	urchase of real estate	••••	🔲	\$		_ 🗆 s_		
P	rurchase, rental or leasing and installation of ma	chinery and equipment	🔲	\$			\$	
C	construction or leasing of plant buildings and fac	cilities	🔲	\$			\$	
0	acquisition of other businesses (including the value of that may be used in exchange for the assets of the pursuant to a merger)	sets or securities of another		\$		П	¢	
	tepayment of indebtedness		_	\$ \$		H	\$ \$	
	Vorking capital		-	· ———	90,670.00	\sqcap	\$	
	Other (specify):			\$	70,070.00	\exists	\$	
	Column Totals			\$ \$4	90,670.00		\$ \$	670.00
		D. FEDERAL SIGNATURE						
signature informati	er has duly caused this notice to be signed by e constitutes an undertaking by the issuer to fu ion furnished by the issuer to any non-accredite	mish to the U.S. Securities and Ex d investor pursuant to paragraph (b)	change Co	ommissio	n, upon wri	itten	tule 505 request	s, the following of its staff, th
	rint or Type) Corp.	Signature S. Amese	kna	<u>_</u>	Date May		2004	
Encom	· · · · · · · · · · · · · · · · · · ·	Title of Signer (Print or Type)		·		,,		
	Signer (Print or Type)							